



DEPARTMENT OF THE AIR FORCE
DETACHMENT 1, USAF SCHOOL OF AEROSPACE MEDICINE (AFMC)
FORT SAM HOUSTON TEXAS

12 Dec 2013

MEMORANDUM FOR DENTAL COMMANDER

FROM: USAF Dental Evaluation & Consultation Service (DECS)

SUBJECT: Dental Infection Control Survey

1. The USAF Dental Evaluation & Consultation Service (DECS) is compiling data on the infection control practices in USAF dental clinics. This information will provide DECS with dental infection control areas requiring updating/further education, and opportunity to disseminate new product ideas and practices. Your assistance in this effort is greatly appreciated.
2. Please forward the attached questionnaire to your infection control OIC/NCOIC for completion. It can be scanned and e-mailed to kelli.c.mack.mil@mail.mil, or returned by fax to DSN 389-7566 or (210) 539-7566 Commercial, or returned via mail to:
3. **The original suspense date was 30 June 2013. Please return ASAP.**
4. If there are any questions, please contact me at DSN 389-8239 or (210) 539-8239 Commercial.
5. Thank you for your assistance.

Sincerely,

//signed//

Kelli C. Mack, LtCol, USAF, DC
Director, Professional Services
USAF Dental Evaluation & Consultation Service

Attachments: (1)

1. 2013 Survey

2013 USAF DENTAL INFECTION CONTROL SURVEY

NAME: _____ RANK: _____

DUTY TITLE: _____ DUTY STATION: _____

DSN PHONE: _____ DSN FAX: _____

E-MAIL: _____

INSTRUCTIONS: The USAF Dental Evaluation and Consultation Service (DECS) is gathering information on dental infection control practices in USAF dental clinics. This questionnaire will provide information on current practices at all USAF dental clinics and assist DECS with updates, education, and disseminating new product ideas and practices.

Your identifier information is solely for DECS internal purposes.

Please answer each question candidly and as completely as possible. Circle or check the appropriate response when indicated.

Additional comments are welcome. Thank you for your participation in this survey.

Please forward the completed survey via e-mail or FAX to:

kelli.c.mack.mil@mail.mil

DSN FAX 389-7566 or (210) 539-7566 Commercial FAX

Any questions can be directed to: DSN 389-8239, Commercial (210) 539-8239, or e-mail: kelli.c.mack.mil@mail.mil.



2013 DENTAL INFECTION CONTROL SURVEY

1. Do you have an appointed officer for dental infection control? Yes No
2. Has the dental infection control officer attended the Federal Dental Services Infection Control and Occupational Health Course (held annually in January)? Yes No
3. Do you have an appointed NCO for dental infection control? Yes No
4. Has the dental infection control NCO attended the Federal Dental Services Infection Control and Occupational Health Course? (held annually in January)? Yes No
5. Does your clinic have a copy of the following:
 - OSHA Bloodborne Pathogens Standard (BBP)? Yes No
 - USAF Guidelines for Infection Control in Dentistry (January 12)? Yes No
 - Centers for Disease Control and Prevention Guidelines for Infection Control in Dental Health-Care Settings—2003? Yes No
6. Does your clinic have a written exposure control plan? Yes No
If **yes**, do you have a _____ dental-specific exposure control plan or are you covered under the _____ medical treatment facility (MTF) exposure control plan? (Please check **one** answer.)
7. Do all staff members receive a **newcomer's** briefing for **dental infection control**? Yes No
8. Do all staff members receive an **annual** briefing for dental infection control? Yes No
9. How frequently do you perform other infection control briefings/training?
Please check **one** answer:
____ Once a year ____ 4-5 times a year ____ Other: _____
____ 2-3 times a year ____ 6 or more times a year
10. Does your clinic perform periodic inspections to assess compliance with dental infection control guidelines? Yes No
If **yes**, how often?—please check **one** answer.
____ Weekly ____ Monthly ____ Annually

___ Every 2 Weeks ___ Quarterly ___ Other: _____

11. Does your clinic use alcohol-based hand rub products? Yes No

12. Does your clinic use a pre-procedural mouth rinse before beginning patient treatment? Yes No

13. What type of personal protective equipment (PPE) does your facility provide to staff members?

Please check **all** that apply.

___ Gloves ___ Mask ___ Protective Eyewear with Solid Side Shields
___ Hair Cover ___ Shoe Covers ___ Reusable Long-Sleeved Gown or Jacket
___ Face Shield in Combination with a Mask ___ Disposable Long-Sleeved Gown or Jacket
___ Other _____

14. Where are impressions and contaminated appliances disinfected before performing dental laboratory procedures? Please check **all** that apply.

___ In the operatory
___ In a professional work area separate from the dental laboratory
___ In the dental laboratory

15. Does your clinic use barrier covers for clinical contact surfaces (i.e., those surfaces frequently contacted during treatment)? Yes No

16. Please check **all** items that you typically cover with barriers for each patient.

___ Light handles ___ Handpiece hoses ___ Drawer handles
___ Dental chair ___ Dental chair headrest ___ Impression Guns/Dispensers
___ Air/Water syringe handle ___ Bracket tray table ___ Other: _____

17. What is the brand name of the disinfectant your clinic uses in the **dental operatory**?

Please check **all** that apply.

___ Wexcide ___ Dispatch ___ Opticide ___ Thymocide
___ Cavicide/Envirocide ___ Birex ___ CaviWipes ___ Microstat 2
___ Sani-Cloth Products ___ Discide ___ Other: _____

18. What is the brand name of the disinfectant your clinic uses for **laboratory** items (e.g., impressions)?

Please check **one** answer.

___ Dispatch ___ Opticide ___ Cavicide/Envirocide ___ Birex ___ Other: _____

19. Please check the description best describing your main dental treatment facility:

___ Dental Clinic geographically separated from the MTF
___ Dental Clinic located within the MTF
___ Main Clinic separate from the MTF with smaller clinics located within the MTF
___ Main Clinic located within the MTF with separate smaller clinics

20. Please check which best describes the size of your dental facility:

___ 1–10 operatories ___ 11–20 operatories ___ 21–30 operatories ___ > 30 operatories

21. Do you have a centralized instrument processing area? Yes No

22. Please check **one** description best describing your central instrument processing area:

___ Located within dental clinic; medical side has a separate instrument processing area for medical instruments
___ Located within dental clinic; medical side does **not** have a separate instrument processing area (dental processes **both** dental and medical instruments)
___ Located within medical clinic; processes both medical and dental instruments
___ Other, please describe: _____

23. How many separate rooms make up the instrument processing area?

___ One room – contains both decon and clean functions
___ Two rooms – decon and clean (clean room may include a clean storage function)
___ Three rooms – decon, clean, and separate clean storage room
___ Other, please describe: _____

24. If you have more than one room, do you package/wrap instruments in your _____decon room or in your _____clean room? _____ NA (we have a single room instrument processing area)
25. If your instrument processing area is only a one-room configuration, are there separate functional areas for cleaning and packaging items? Yes No NA (we have more than one room)
26. Is your instrument processing area staffed full-time? Yes No
How many personnel usually work in your instrument processing area each day? _____
27. Decontamination equipment: How many of each of the following items are in your instrument processing area? (**Please place a NUMBER in each blank.**)
 _____ Tabletop ultrasonic cleaners
 _____ "Dishwasher size" instrument washer (e.g., Miele)
 _____ Full-height, floor-standing washer (e.g., pass-through instrument washer where instruments enter in the "contaminated" room and exit into the "clean" room)
 _____ Other, please describe: _____
28. Sterilization equipment: How many of each of the following items are in your instrument processing area? (**Place a NUMBER in each blank.**)
 _____ Tabletop dry heat sterilizer
 _____ Tabletop Chemiclave
 _____ Tabletop steam sterilizer (e.g., standard size 9-12" chamber)
 _____ Cart-mounted steam sterilizer (e.g., large 15" Magnaclave or 15" Tuttnauer models)
 _____ Full-size, floor-standing steam sterilizer (e.g., Amsco and Getinge models)
 _____ Other, please describe: _____
29. Do you use instrument cassettes for instrument processing? Yes No
30. What type of instrument package documentation is used?
 _____ Date-related (i.e., the package has an expiration date printed on it)
 _____ Event-related (i.e., sterilization date placed on the package and the package is considered sterile until an event occurs compromising the packaging)
31. Do you spore test the sterilizer for sterility assurance? Yes No
 If **yes**, how often? Please check **one** answer.
 _____ Weekly _____ Twice a Week _____ Other: _____
 _____ Daily _____ Every Load
32. Do you use a rapid readout spore test (e.g., results obtained in one to three hours)? Yes No
33. If you use a **prevacuum** steam sterilizer do you perform daily air removal testing (e.g., Bowie Dick test, DART)? Yes No NA (we do not have a prevacuum sterilizer)
34. Does your clinic sterilize all handpieces (high- and low-speed, including motors and electric handpieces) between each patient? Yes No
 If **no**, please explain: _____
35. Does your clinic use any liquid chemical germicides (e.g., glutaraldehydes, hydrogen peroxide based products) to high-level disinfect or "cold" sterilize **heat sensitive** items? Yes No
 If yes, please list the **heat-sensitive items** that you disinfect / "cold" sterilize in this manner?

36. Does your clinic have a written protocol for reporting and treating occupational exposures (e.g., percutaneous injuries, mucous membrane splashes)? Yes No
37. Does your clinic have immediate access (**i.e., as soon as possible, but preferably < 1 hour**) to postexposure prophylaxis (PEP) (e.g., PEP-counseling, antiretroviral medications) for potential occupational exposure to HIV and other bloodborne pathogens? Yes No

38. Are your sharps containers _____ wall mounted or _____ free standing? (Please check **one** answer.)

39. What work practices and/or engineering controls does your clinic use? Please check **all** that apply.

____ Needle recapping devices ____ IV safety catheters ____ One-handed scoop technique for recapping needles
____ Safety scalpels (e.g., retractable blades) ____ Safety anesthetic syringes ____ Other: _____

40. Does your clinic periodically evaluate new safety devices? Yes No

If **yes**, what type of safety devices have you evaluated?

____ Safety Scalpels (e.g., retractable blades) ____ IV Safety Catheters ____ Needle recapping devices
____ Safety Anesthetic Syringes ____ Other: _____

41. Does your clinic have a written protocol for treating TB patients? Yes No

42. Does your clinic ever use single-use disposable items more than once? Yes No

If **yes**, what item(s)? _____

43. Does your clinic treat burs as single-use disposable items? Yes No

44. Does your clinic treat endodontic files as single-use disposable items? Yes No

45. Do you have an independent/separate water reservoir/bottle attached to the dental unit? Yes No

46. What type of source water do you use for dental treatment?

Please check **one** answer.

____ Distilled water ____ Sterile bottled water
____ Reverse osmosis (e.g., Sterisil PureLine50) ____ Tap water with a drop of bleach
____ Tap water ____ Other: _____

47. What commercial product are you using to maintain dental treatment water quality?

Please check **one** answer.

____ BioClenz ____ DentaPure Cartridge ____ ICX tablet ____ Lines ____ MicroCLEAR
____ Mint-A-Kleen ____ Sterisil PureLine 50 ____ PureTube BR ____ Sterilex Ultra ____ Sterolox
____ Team Vista ____ Vista Day Tab Cartridge (Sterisil)

If your product is not listed above, please list it here: _____

48. If you are using diluted bleach to clean the dental waterlines weekly, please explain why you are using bleach: _____

49. How do you monitor the dental unit treatment water for microbial quality?

____ In-office test kit ____ Sent to the laboratory ____ NA (we do not monitor the water quality)

50. What waterline monitoring method/device do you use? Please check **one** answer:

____ Method 9215 (R2A agar)—via the lab ____ Other: _____
____ Millipore sampler ____ NA (we do not monitor the water quality)

51. Have you had any samples with over 500 CFU/mL in the past 12 months? Yes No

52. Is sterile water routinely used for all surgical procedures (e.g., extractions and other oral surgeries, periodontal surgeries, endodontic surgeries)? Yes No

53. Are sterile gloves worn for all surgical procedures (e.g., extractions and other oral surgery, periodontal surgery, endodontic surgery)? Yes No

54. Does your clinic have a written protocol for treating latex allergic patients? Yes No

55. Please check **all** items your clinic offers for staff members and patients?

☐ Latex sensitivity lecture
☐ Synthetic gloves (non-latex)

☐ Powder-free latex gloves
☐ Latex-free alternatives for patients (e.g., dental (rubber) dam, prophyl cups, orthodontic elastics)

56. Do you use barriers to protect the digital sensor during use?

Yes No NA (we do not use digital sensors)

57. Do you clean and disinfect the digital sensor after removing the barrier?

Yes No NA (we do not use digital sensors)

58. Do you use barriers to protect the phosphor plate during use?

Yes No NA (we do not use phosphor plates)

59. Do you clean and disinfect the phosphor plate after removing the barrier?

Yes No NA (we do not use phosphor plates)

60. Do you have an established surveillance system in place for monitoring and reporting health-care-associated infections (previously referred to as clinic-acquired/nosocomial infections)? Yes No

61. Please check **all** types of surveillance that you use for identifying health-care-associated infections.

☐ Antibiotic usage audit ☐ Record review ☐ Self-reporting

☐ Other: please explain _____

62. How often do you visit the DECS Web site (<http://airforcemedicine.afms.mil/decs>) to obtain dental infection control information?

☐ Once a week ☐ Once a month ☐ Several times a year

☐ I've never visited the site.

Other: _____

63. Have you contacted DECS for dental infection control information, either by phone or e-mail, in the past year? Yes No

ADDITIONAL COMMENTS:

Thank you for your participation in this survey.

Please **retain a copy of the survey for your records** and forward a copy of the completed survey via e-mail or FAX.

kelli.c.mack.mil@mail.mil

DSN FAX 389-7566 or (210) 539-7566 Commercial FAX